

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 565064

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4		1				
5		3				
6		3				
7		9				
8		0				
9	1					
10		0				
11		0				
12	1					
13		1				
14		1				
15		3				
16		3				
17		3				
18		6				
19		0				
20		0				
21		2				
22	1					
23		1				
24		1				
25		1				
26		1				
27		3				
28		0				
29		0				
30		0				
31		0				
32		0				
33	1					
34		1				
35		1				
36		1				
37		1				
38		1				
39	1					
40		1				
41		1				
42		5				
43		0				
44		0				
45		0				
46		0				
47		0				
48	1					
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				0		
53			1			
54				0		
55						
56						
57						
58						
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95						
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97						
98						
99						
100						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.	←		79	←	←	
TOTAL CLAIMS			88			

Best Available Copy